

Please type a plus sign (+) inside this box

PTO/SB/05 (1/98)  
Approved for use through 9/30/2000. OMB 0651-0032  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	99-01 US
	First Inventor or Application Identifier	
	Title	Multichannel Optical Communication System and Method
	Express Mail Label No.	EG113810716US

10/12/99  
1009/416081 PTO  
10/12/99

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1.  \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)

2.  Specification [Total Pages 21]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to Microfiche Appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure

3.  Drawing(s) (35 U.S.C. 113) [Total Sheets 7]

4. Oath or Declaration [Total Pages 3]

a.  Newly executed (original or copy)  
b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 17 completed)  
**[Note Box 5 below]**  
i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§ 1.63(d)(2) and

1.33(b).5.  Incorporation By Reference (useable if Box 4b is checked)

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6.  Microfiche Computer Program (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)  
a.  Computer Readable Copy  
b.  Paper Copy (identical to computer copy)  
c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

8.  Assignment Papers (cover sheet & document(s))

9.  37 C.F.R. §3.73(b) Statement  Power of Attorney  
(when there is an assignee)

10.  English Translation Document (if applicable)

11.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations

12.  Preliminary Amendment

13.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

14.  \*Small Entity  Statement filed in prior application,  
Statement(s) (PTO/SB/05-12) Status still proper and desired

15.  Certified copy of Priority Document(s) (if foreign priority is claimed)

16.  Other:

*A new statement is required to be entitled to pay small entity fees,  
except where one has been filed in a prior application and is being relied upon.*

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No. \_\_\_\_\_ / \_\_\_\_\_ filed \_\_\_\_\_

prior application information:

Examiner:

Group Art Unit:

**18. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)		<input checked="" type="checkbox"/> Correspondence address below		
Name	Dr. Ilya M. Fishman OptiMight Communication 980 Linda Vista Avenue				
Address					
City	Mountain View	State	CA	Zip Code	94043
County		Telephone	650.254.5988	Fax	650.254.5987

Name (Print/Type)	Bella Fishman	Registration No. (Attorney/Agent)	37,485	
Signature			Date	10.12.99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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# FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective November 10, 1998.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SD/09-12.

TOTAL AMOUNT OF PAYMENT (\$ 654.00)

## Complete if Known

Application Number	
Filing Date	October 12, 1999
First Named Inventor	Fishaman, et al
Examiner Name	
Group / Art Unit	

Attorney Docket No. 99-01 US

## METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number   
 Deposit Account Name

Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17      Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance

2.  Payment Enclosed:

Check     Money Order     Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	760	201	380
106	310	206	155
107	480	207	240
108	760	208	380
114	150	214	75
SUBTOTAL (1)			(\$ 380)

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
34	-20** = 14	X 18 =	126
Independent Claims 6	-3 ** = 3	X 39 =	108
Multiple Dependent		=	234

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	203
102	78	202
104	260	204
109	78	209
110	18	210
SUBTOTAL (2)		

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65
127	50	227	25
139	130	139	130
147	2520	147	2520
112	920*	112	920*
113	1840*	113	1840*
115	110	215	55
116	380	216	190
117	870	217	435
118	1360	218	680
128	1850	228	925
119	300	219	150
120	300	220	150
121	260	221	130
138	1510	138	1510
140	110	240	55
141	1210	241	605
142	1210	242	605
143	430	243	215
144	580	244	290
122	130	122	130
123	50	123	50
126	240	126	240
581	40	581	40
146	760	246	380
149	760	249	380
SUBTOTAL (3)			(\$ 40)

\* Reduced by Basic Filing Fee Paid

SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Bella Fishman	Reg. Number	37,485
Signature		Date	October 12, 1999
		Deposit Account User ID	

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